

AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10/30/00
O.I.P.E. CLASSIFIER		49	11/14/00
FORMALITY REVIEW	<i>WM</i>	869	12-06-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim		Date					
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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